



Water Resources Program

Application for a Water Right Permit

11 APR 20 A8:50

☒ SURFACE WATER ☐ GROUND WATER ☐ PERMANENT
☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: E. SCOTT & ERIN C. DAHLGREN	Phone No: 206-236-2395	Other No: 206-465-4700
Address: 8300 SE 82 nd STREET		
City: MERCER ISLAND	State: WA	Zip: 98040
Email Address (optional): scottdahlgren@comcast.net		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: E. SCOTT & ERIN C. DAHLGREN	Phone No: 206-236-2395	Other No: 206-465-4700
Address: 8300 SE 82 nd STREET		
City: MERCER ISLAND	State: WA	Zip: 98040
Email Address (optional): scottdahlgren@comcast.net		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Non consumptive heat exchange for residential heating & cooling.

Anticipated length of time to complete your project: 30 days to install

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Heat Exchange	8 GPM	0.018 cfs		Continuous 30 min/hr
TOTAL:				

For Ecology Use	APPLICATION NO: <u>SI-28689</u>	SEPA: Exempt/Not Exempt
Fee Paid: <u>50-</u>	Check No: <u>8048</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>4/20/11</u> By <u>DA</u> WRIA: <u>8</u>

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL
(Complete A or B, and C below)

A.) If Surface Water Source				B.) If Ground Water Source			
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input checked="" type="checkbox"/> Lake <input type="checkbox"/> Other: _____				<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____			
Source Name: LAKE WASHINGTON				Well diameter & depth: _____			
Tributary to: _____				Number of proposed points of withdrawal: _____			
Number of proposed diversion points: 1				Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have an existing diversion? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				If available, attach Water Well Report and pump test.			
Well Tag ID No. _____							
C.) Point of Diversion/Withdrawal – Legal Description							
Parcel No.	¼	¼	Section	Township	Range	County	
143870-0050-04	N	E	19	25	05	KING	
Lot(s)	Block(s)		Subdivision				
LOT 5			CAY HILLS				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ Feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section_____.							
Parcel No.	¼	¼	Section	Township	Range	County	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> _____) corner of Section_____.							

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide the owner name(s), address, and phone number: _____

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

ATTACHED AS EXHIBIT - A

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date _____ By _____ WRIA: _____

¼	¼	Section	Twp.	Range	County	Parcel No.
N	E	19	24	05	KING	143870-0050-04

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO
If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map. MAP OF PROJECT ATTACHED AS EXHIBIT – B. PLAT MAP ATTACHED AS EXHIBIT – C.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): A small (fractional HP) pump will draw water from the lake through a nominal 2 inch pipe routed under the existing dock. The suction side will drop into the lake adjacent an existing dock support pile and project into the lake approximately 5 feet. This line will run upland (approximately 100 ft) to a heat exchanger located inside the single family residence. After passing through the heat exchanger, the water will return to the lake through a 2 inch pipe routed parallel to the suction line and discharging back into the lake below the water surface. Both suction and discharge lines will have a screen cover to prevent fouling.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION – N/A
(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES – NONE

Irrigation

Total number of acres requested to be irrigated under this application = 0 ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: NONE

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: NONE

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☒ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES – NONE

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE – NONE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From I-90, exit East Mercer Way and travel South. Turn left on SE 54th Street. At the bottom of the hill, the subject property is the first house on 96th Avenue SE.

Site Address: 5404 96th Avenue SE, Mercer Island, WA 98040

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

E. SCOTT DAHLGREN
Print Name
(Applicant or authorized representative)

[Signature]
Signature

4/18/2011
Date

E. SCOTT DAHLGREN
Print Name
(Legal Owner or Part Owner Place of Use)

[Signature]
Signature

4/18/2011
Date

ERIN C. DAHLGREN
Print Name
(Legal Owner or Part Owner Place of Use)

[Signature]
Signature

4/18/2011
Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input checked="" type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

